

This report is due on the 20th day following the end of the calendar quarter. Civil penalty starts at \$200.00 for late filed, incomplete, or false reports.

1st Quarter ☐2nd Quarter ☐3rd Quarter ☐4th Quarter ☐

Year: _____ Permit number: _____

Business name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

No Iowa purchases or sales: If there were no Iowa purchases or sales of cigarettes, little cigars, or roll-your-own tobacco products during the calendar quarter, check this box: ☐ You must still file this report if you had no sales or purchases.

Brand specific manufacturer information for actual amount of product sold in Iowa

Include all purchases of all brands of cigarettes, including little cigars and roll-your-own tobacco products, sold in Iowa. This includes brands of signatories of the Master Settlement Agreement (Participating Manufacturers) and brands of all Non-Participating Manufacturers (NPM). Circle either (O) Original Participating, (S) Subsequent Participating or (N) Non-Participating for each manufacturer.

Brand names: List only one entry for all types of the same brand. Do not split out into Lights, Kings, 100's, Menthol, etc., for each brand. One total per brand per quarter is needed to be considered as complete. Incomplete reports will be sent back to the distributor for completion.

Business name: _____

Permit number: _____ Calendar quarter ending: _____

Select type of product listed on this page (select only one). Use new page for sales of other product types.

Cigarettes ☐ Little Cigars ☐ Roll-Your-Own ☐

Seller	Street Address, City, State, Zip	Manufacturer if Different than Seller	Type of Manufacturer	Brand	Number of Sticks or Ounces with IA Tax Paid
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		

Grand total: _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.

Distributor signature: _____ Phone number: _____

Prepared by: _____ Date: _____

Send form to:

Mailing Address:
Iowa Department of Revenue
Tax Management Division
PO Box 10472
Des Moines IA 50306-0472

OR
Delivery Address:
Iowa Department of Revenue
Hoover Bldg., Cigarette Tax
1305 E Walnut
Des Moines IA 50319

Questions:

Call 515-281-6134 or email: IDRCigarette@iowa.gov